

NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/443,072	11/18/99	705	2768	483-001

BRIAN A. ROSENFIELD MD, BALTIMORE, MD; MICHAEL BRESLOW, LUTHERVILLE, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

DU

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

DV

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

DU

If REQUIRED, FOREIGN FILING LICENSE GRANTED 01/05/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed US 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 56	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
and Acknowledged <u>JK</u>	Examiner's Initials _____ Initials _____				

ROBERTS ABOKHAIR & MARDULA LLC  
SUITE 1000  
1800 SUNRISE VALLEY DRIVE  
ESTON VA 20191-5302

YSTEM AND METHOD FOR PROVIDING CONTINUOUS, EXPERT NETWORK CRITICAL  
ARE SERVICES FROM A REMOTE LOCATION(S)

FEES IVED --)	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20591  
www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6723

SERIAL NUMBER 09/443,072	FILING DATE 11/18/1999	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 483-001
	RULE			

## APPLICANTS

BRIAN A. ROSENFELD MD, BALTIMORE, MD;

MICHAEL BRESLOW, LUTHERVILLE, MD;

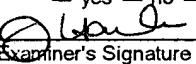
## \*\* CONTINUING DATA \*\*\*\*

60/141,520 6/23/99

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF PREFERRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/05/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 56	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
Verified and Acknowledged  Examiner's Signature  Initials 					

## ADDRESS

ROBERTS ABOKHAIR & MARDULA LLC  
SUITE 1000  
11800 SUNRISE VALLEY DRIVE  
RESTON , VA  
201915302

## TITLE

SYSTEM AND METHOD FOR PROVIDING CONTINUOUS, EXPERT NETWORK CRITICAL CARE SERVICES  
FROM A REMOTE LOCATION(S)

FILING FEE FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
RECEIVED No. \_\_\_\_\_ for following:  
380

- All Fees
- 1.16 Fees ( Filing )
- 1.17 Fees ( Processing Ext. of time )
- 1.18 Fees ( Issue )
- Other \_\_\_\_\_
- Credit



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Bib Data Sheet

CONFIRMATION NO. 6723

SERIAL NUMBER 09/443,072	FILING OR 371(c) DATE 11/18/1999 RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 483-001
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**APPLICANTS**

BRIAN A. ROSENFELD MD, BALTIMORE, MD;  
 MICHAEL BRESLOW, LUTHERVILLE, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/141,520 06/23/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* SMALL ENTITY \*\*  
 \*\* 01/05/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MD	56	14	2

**ADDRESS**

22208

**TITLE**

SYSTEM AND METHOD FOR PROVIDING CONTINUOUS, EXPERT NETWORK CRITICAL CARE SERVICES FROM A REMOTE LOCATION(S)

FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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